

TOWN OF CHILMARK

Building Inspector's Office
P.O. Box 119
Chilmark, MA 02535
(508) 645-2103

APPLICATION TO INSTALL SOLID FUEL BURNING APPLIANCE

Date: _____

Fee: \$25.00

Owner's Name: _____

Owner's Address: _____

Assessors' Map: _____ Lot: _____

Type of stove: _____

Type of fuel: _____

UL Label Number*: _____

Chimney Material: _____

Hearth Material: _____

Installer's Name: _____

Installer's Telephone #: _____

Applicant's Signature

*Note: UL Label Number is required. No stove shall be installed without a UL number without Special Permission by Building Inspector.

NOTE: INSTALLATION MUST BE IN STRICT ACCORDANCE WITH THE MASS. STATE BUILDING CODE AND/OR THE INSTALLATION INSTRUCTIONS ACCOMPANYING THE UL-APPROVED STOVE.

DO NOT FILL OUT BELOW THIS LINE

Installation: Approved _____ Disapproved _____ Permit # _____

Date _____

Building Inspector's Signature: _____